

471-000-126 Procedure Codes Subject to Copayment Requirements

The following services and the respective procedure codes are subject to the copayment requirements in 471 NAC 3-008 for Medicaid-eligible adults age 19 or older. Certain Medicaid eligible clients and services are exempt from the copayment requirements. See 471 NAC 3-008 for excluded persons and exempted services. **NOTE:** Clients are not required to make copayments on mental health and substance abuse services; other copayment requirements, including prescribed drug copayment requirements, apply. For quick reference, see the copay matrix that follows:

Service	18 & Younger	19 & Older	Pregnant	In Institution/Care Facility	In Medicaid Managed Care Health Plan
Chiropractic Office Visits	No Copay	\$1 per chiropractic visit (98940, 98941, 98942)	No Copay	No Copay	No Copay
Dental Services	No Copay	\$3 per dental service listed below	No Copay	No Copay	No Copay
Prescribed Drugs (excludes family planning)	No Copay	\$2 per prescription	No Copay	No Copay	\$2 per prescription
Eyeglasses	No Copay	\$2 per dispensing fee (92340, 92341, 92342, 92352, 92353)	No Copay	No Copay	No Copay
Hearing Aids	No Copay	\$3 per dispensing fee (V5160, V5241)	No Copay	No Copay	No Copay
Occupational Therapy	No Copay	\$1 non-hospital based, per select service (97003, 97004). \$3 per visit per day hospital outpatient	No Copay	No Copay	No Copay
Optometric Office Visits	No Copay	\$2 per office visit or consultation (See list below)	No Copay	No Copay	No Copay
Outpatient Hospital Services	No Copay	\$3 per visit per day (See list below)	No Copay	No Copay	No Copay
Physical Therapy	No Copay	\$1 non-hospital based, per select service (97001, 97002). \$3 per visit per day hospital outpatient	No Copay	No Copay	No Copay
Physician Office Visits (specialist – non-primary care)	No Copay	\$2 per office visit or consultation (See list below)	No Copay	No Copay	No Copay
Podiatrist Office Visits	No Copay	\$1 per office visit or consultation (See list below)	No Copay	No Copay	No Copay
Speech Therapy	No Copay	\$1 non-hospital based, per select service (92506). \$3 per visit per day hospital outpatient	No Copay	No Copay	No Copay

CHIROPRACTIC SERVICES: The amount of copayment is \$1 per visit for the following codes only when the place of service is the chiropractor's office or clinic. (Codes are also on copayment matrix.):

98940 98941 98942

DENTAL SERVICES: The amount of copayment is \$3 for the following services:

D2710	D2752	D3330	D5140	D5750	D5821
D2720	D2790	D3346	D5211	D5751	
D2721	D2791	D3347	D5212	D5760	
D2722	D2792	D3348	D5730	D5761	
D2740	D2954	D5110	D5731	D5810	
D2750	D3310	D5120	D5740	D5811	
D2751	D3320	D5130	D5741	D5820	

DRUG PRODUCTS: The amount of copayment is \$2 per prescription. Drug products exempted from the copayment requirements are reflected on the point of sale system during claims processing or the information is also available on the HHSS website in the covered drugs list at <http://www.hhs.state.ne.us/med/pharm>.

EYEGLASSES: The amount of copayment is \$2 per dispensing fee. Copayment is required for fitting of lenses only, frame only, or lenses and frame combination, using the following procedure codes (Codes are also on copayment matrix.):

92340 92341 92342 92352 92353

HEARING AIDS: The amount of copayment is \$3 per dispensing fee for the following codes (Codes are also on copayment matrix.):

V5160 V5241

OCCUPATIONAL THERAPY: For the following codes the amount of copayment for non-hospital based therapy is \$1 per service (Codes are also on copayment matrix. See OUTPATIENT HOSPITAL SERVICES for services provided at a hospital.):

97003 97004

OFFICE VISITS AND CONSULTATIONS: The amount of copayment is \$2. The following codes are subject to copayment only when the place of service is the optometrist's, physician specialist's, and podiatrist's office or clinic:

Office Visits	92002	92014	99203	99211	99214
	92004	99201	99204	99212	99215
	92012	99202	99205	99213	
Consultations - Office	99241	99242	99243	99244	99245

Preventive Medicine (Physicians -Use of these codes is limited to annual gynecological exam.)

99385 99386 99387 99395 99396 99397

### OUTPATIENT HOSPITAL SERVICES:

For outpatient hospital services, only one copayment of \$3 is collected for each date of service. When the following revenue codes are the ONLY services being billed, THERE IS NO COPAYMENT:

027X - Medical/Surgical Supplies	054X - Ambulance
029X - Durable Medical Equipment	061X - MRI
030X - Laboratory	062X - Medical/Surgical Supplies - extension of 27X
031X - Laboratory Pathological	073X - EKG/ECG (electrocardiogram)
032X - Radiology, Diagnostic	074X - EEG (electroencephalogram)
035X - CT Scan	075X - Gastro Intestinal Services
040X - Other Imaging Services	090X-Behavioral Health Treatments/Services
046X - Pulmonary Function	091X-Behavioral Health Treatments/Services - extension of 090X
0471 - Audiology Diagnostic	
0481 - Cardiac Cath Lab	092X - Other Diagnostic Services
0482 - Stress Test	0995 - Ambulatory Room and Board Services

Emergency Room: See 471 NAC 10-010.06D for payment of emergency room services. If services provided in the emergency room do not meet the conditions specified in 471 NAC 10-010.06B, a copayment must be collected from the client for the service.

PHYSICAL THERAPY: For the following codes the amount of copayment for non-hospital based therapy is \$1 per select service (Codes are also on copayment matrix. See OUTPATIENT HOSPITAL SERVICES for services provided at a hospital.):

97001 97002

PHYSICIAN SERVICES: Excluded are primary care physicians – Family Practice, General Practice, Pediatricians, Internists, and their physician extenders. The amount of the copayment is \$2 per visit. Certain procedure codes are subject to copayment only when the place of service is the specialist physician's office or clinic, including rural health clinics (RHC's) and federally qualified health centers (FQHC's).. See Office Visits and Consultations for codes subject to copay.

PODIATRIC SERVICES: The amount of copayment is \$1 per visit. Certain procedure codes are subject to copayment only when the place of service is the podiatrist's office or clinic. See Office Visits and Consultations for codes subject to copay.

SPEECH THERAPY: For the following code the amount of copayment for non-hospital based therapy is \$1 per service (Code also on copayment matrix. See OUTPATIENT HOSPITAL SERVICES for services provided at a hospital.):

92506